

IMPREST FUND MAINTENANCE

(For use with Policy and Procedure Manual Filing 10,802)

Agy	Div	Fund	BFY	B/U

Imprest Fund No. _____

Total Imprest Fund Authorized: \$ _____

Total Approved Change Funds: < _____ >

Imprest Fund Balance: \$ _____

Agency Name _____

☐ Establish a new imprest fund for the amount of: \$ _____

☐ Amend imprest fund amount: Amount of increase/(decrease) \$ _____

Revised total \$ _____

☐ Temporary increase to correct paycheck errors

☐ Change responsible employee(s)

Proposed Bank for Imprest Fund: _____
Name of Bank

_____ Street Address City Zip Code + 4

Proposed principal use of Imprest Fund: _____

Security provided for Imprest Fund account: _____

Designated Responsible Employees:

Custodian _____
Employee's Name Position

Alternate Custodian _____
Employee's Name Position

Supervising Employee(s) _____
Employee's Name Position

_____ Employee's Name Position

Approved: _____
Secretary of Administration/Designee Date

I hereby certify that the above imprest fund will be used as provided by law and by procedures set out by the Director of Accounts and Reports.

Authorized Agency Official Date

Cancellation

Please cancel Imprest Fund No. _____ Funds deposited on receipt voucher # _____

Agency Authorized Signature Date